

This is non-regulatory guidance only – the components of any Individual Teacher Career Development Plan are locally determined.

Sample 3

Annual Individual Career Development Plan

Name of teacher: _____

Name of evaluator: _____

Date plan was developed: _____

Date of last performance review: _____

Teacher's Signature: _____ Date of Approval: _____

Evaluator's Signature: _____ Date of Approval: _____

Goal Statement(s):

Data used to establish need for the goal(s):

Alignment of goal(s) with building/district student learning goals:

Professional development training and learning opportunities needed to accomplish established goals:

Other resources teacher may access to accomplish goal(s):

Alignment with Iowa Teaching Standards and criteria:

Documentation of progress (data sources and points):

Description of updates, major efforts, additional goals, modifications of current goals, etc.:

Year	Describe Status of Goal	Signatures*
2005-2006 Review Date:_____		Teacher:_____ _____ Evaluator:_____
2006-2007 Review Date:_____		Teacher:_____ _____ Evaluator:_____
2008-2009 Review Date:_____		Teacher:_____ _____ Evaluator:_____

*Signature indicates the evaluator and teacher have discussed the progress on the individual career development plan.